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DAKOTA NURSE CONNECTION

Dakota Nurse: Making a Difference Around the World

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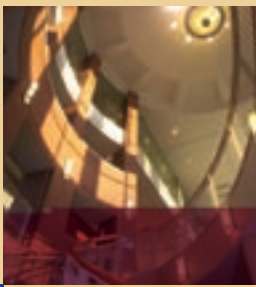

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DAKOTA NURSE CONNECTION

SOUTH DAKOTA HIGHLIGHTS

NORTH DAKOTA HIGHLIGHTS

Dakota Nurse Connection circulation includes over 26,000 licensed nurses and student nurses in North and South Dakota.

The ***Dakota Nurse Connection*** is published by the South Dakota and North Dakota Boards of Nursing. Direct ***Dakota Nurse Connection*** questions or comments to:
Dakota Nurse Connection, South Dakota Board of Nursing, 4305 S. Louise Ave., Suite 201, Sioux Falls, South Dakota 57106-3115 • 605-362-2760
Dakota Nurse Connection, North Dakota Board of Nursing, 919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504; 701-328-9777
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Message from Executive Director

New Year Greetings to all of our licensees! The staff and members of the SD Board of Nursing wish you the best in 2009. We are all looking forward to a progressive year even with the economic slowdown/recession and the challenges that we all will face in doing more with less. Rest assured that we are up to the challenge and are focused on our vision to enhance health, quality of life and inspire public confidence in the practice of nursing through regulatory excellence.

You might be wondering how the Board of Nursing determines whether they are achieving excellence in nursing regulation. The purpose of this message is to let you know how the performance measurement process works for Boards of Nursing across the country that choose to take part in a project known as CORE or the Commitment to Ongoing Regulatory Excellence. CORE is a project implemented by NCSBN (National Council of State Boards of Nursing) that provides an ongoing performance measurement and benchmarking system for nursing regulators. Through CORE, Boards of Nursing receive data that helps us promote excellence in the provision of regulatory services with the overall goal of public protection.

We have just received our third report on the measurement outcomes related to five Board functions: (1) discipline (2) practice (3) education program approval (4) licensure and (5) governance. In order to obtain this information, NCSBN surveys Boards of Nursing and random samples of groups of stakeholders that are directly affected by Board actions. These groups include employers, nurses and nursing education programs. Without the participation of the stakeholders in our state, we would not receive this valuable information. We are very grateful to each of you who took part in this process by taking the time to respond to the surveys. The response rate for our state stakeholders was very impressive. Our response rates were: (1) 34% for nurses compared to the national rate of 29%, (2) 40% for employers of nurses compared to 36% nationally and (3) 54% for nursing education programs which was the same as the national rate of response.

We will begin the process of analyzing the data to learn where our performance was strong and where we might need to make improvements. We will also compare our performance with that of Boards of Nursing similar in size and structure to that of South Dakota. I look forward to sharing the findings with you in greater detail in future issues of the Dakota Nurse Connection. For now, I just wanted you to know how appreciative we are of your efforts to provide us with this information so that we may continue to improve our services.

Once again, our best wishes to you for 2009. I'll be in touch with you again in the Spring,

GET TO KNOW A NEW APPOINTED BOARD MEMBER

In an effort to familiarize North Dakota nurses with Board members, "Message from a Board Member" is pleased to introduce Daniel R. Rustvang, RN, MSN, FNP-C.

Mr. Rustvang, RN, is from Grand Forks, N.D.

Daniel R. Rustvang

When were you appointed as a Board member? I was appointed on August 12, 2008.

Why did you decide to become a Board member? I was approached by the Nursing leadership at Altru Health System on more than one occasion about a Board of nursing vacancy. Was I interested in putting forth my name for consideration?

My initial response was that I didn't have the time. With more research and after speaking with the executive director, Dr. Connie Kalanek, and the Board president, Nelson (Buzz) Benson, RN, I became more interested. I reflected back on my career in nursing and came to the conclusion that I would have nursing practice experience as well as personnel experience to bring to the Board. I talked with my director and colleagues, and they urged me to submit my name. I am responsible to plan my time away from the Chronic Wound Clinic. Also, I have a great partner who said he would see some of my patients when I was away for the Board meetings.

What is your nursing background? I am the technical director of the Chronic Wound Clinic within Altru Health System's Vascular Center. I have been in this position for more than seven years. My mother, Lavonne Rustvang, RN, was a St. Luke's Hospital graduate in 1952. She loved nursing and inspired me to move in the direction working toward a degree in nursing.

I began as an orderly at St. Francis Hospital, Breckenridge, Minn., during the summer of 1969. I started at the North Dakota School of Science and earned a bachelor of science in nursing in May 1974 from the University of Mary, Bismarck, N.D. My first registered nurse position was as a migrant health nurse for Richland County, Wahpeton, N.D. I entered the USAF Nurse Corps in 1975 with my first assignment to a small hospital at Patrick AFB, Florida. My next assignment was to Lakenheath Air Base, United Kingdom, from 1976 – 1979. In 1981, I completed a masters degree in nursing from St Louis University, Missouri. I advanced through nursing management positions in critical care at Scott Air Force Base, Illinois, and Clark Air Base, Republic of the Philippines. I moved into senior nurse administrative positions at Offutt AFB, Nebraska, and was a chief nurse at the 9th Medical Group, Beale AFB, California. My last military assignment was with the 319th Medical Group, Grand Forks AFB, where I retired from active duty as a Lieutenant Colonel in 1998.

I resumed graduate studies in the Family Nurse Practitioner program, completing my specialized training certificate in May 2000 awarded by the University of North Dakota (UND). I began my career in radiation oncology at the Altru Cancer Center. A year later, I accepted my current nurse practitioner position in the Vascular Center/Chronic Wound Clinic in July 2001.

I have been married to my wife Pamela for 32 years. Pamela is a pediatric nurse practitioner at Altru's Pediatric Clinic. We have five children, four girls and a boy, ages 16 – 27. Rebecca, our oldest daughter, has been an RN for two years, currently working at Altru Hospice and Home Care. Our son Erik graduates from high school this spring and is a CNA who wants to be a registered nurse.

What do you feel you can bring to the Board of Nursing? I bring a breadth of nursing and life experience and a level of maturity gained from a variety of nursing opportunities in different care settings around the USA as well as overseas. I have been fortunate to have many opportunities for advancement during the 23 years of nursing practice within the military. During the last eight years practicing as a family nurse practitioner, I have been doing something I absolutely love while caring for patients with chronic illnesses associated with chronic wounds.

What is one of the greatest challenges of being a Board member? To be always mindful of the public trust we represent when executing our duties as Board members. We have a rigorous bimonthly agenda of responsibilities to monitor nursing practice and nursing education programs. The Board of Nursing has a united effort for the established processes that insure best practices and oversight for compliance of our profession's standards. We want the best nursing care for the citizens of our communities across North Dakota.

How would you describe your experience (so far) as a Board member? I have enjoyed meeting and working with my fellow Board members and getting to know the Board staff and all they do to assist the Board in doing its job. It has been enjoyable to work with the Board members as there is such diversity of their nursing and life experience.

What would you say to someone who was considering becoming a Board member? Get the facts about the Board of Nursing and give some serious thought and consideration to submitting your name for consideration. It is good to have the support of your employer. I enjoy great support from the leadership at Altru Health System. I look forward the bimonthly Board meetings.

See page 24 for "Get to Know a New Appointed Member – Melisa Frank."

MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

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Upcoming Board of Nursing Meetings

January 22-23, 2009
*January 8, 2008
April 7-8, 2009
*March 19, 2009
June 19-20, 2009
*June 5, 2008
September 15-16, 2009
*September 1, 2009
November 19-20, 2009
* November 5, 2009
*Deadline for submission of agenda items and materials.

All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Web site at www.nursing.sd.gov.

Board Staff Directory

Gloria Damgaard, RN, MS, FRE
Executive Director
gloria.damgaard@state.sd.us / (605) 362-2765

Nancy Bohr, RN, MBA, MSN Nursing Program Specialist Regarding Nurse Aide Training, Medication Administration Training, and Nursing Education.	nancy.bohr@state.sd.us (605) 362-2770
Kathy Rausch, RN-BC, FAACVPR Nursing Program Specialist Regarding discipline matters.	kathy.rausch@state.sd.us (605) 362-3545
Linda Young, RN, MS, BC, FRE Nursing Program Specialist Regarding Advanced Practice Nursing, Scope of Practice, and Nursing Work Force Center.	linda.young@state.sd.us (605) 362-2772
Erin Matthies Licensure Operations Manager	Erin.Matthies@state.sd.us (605) 362-3546
Robert Garrigan, Accountant Regarding NCLEX Examination.	robert.garrigan@state.sd.us (605) 362-2766
Jean McGuire, Senior Secretary Regarding licensure by endorsement and certified nursing assistant registry.	jean.mcguire@state.sd.us (605) 362-2769
Winora Robles Program Assistant	winora.robles@state.sd.us (605) 362-3525
Lois Steensma, Secretary Regarding licensure verification, renewal, name changes, duplicate licenses, and inactive status.	lois.steensma@state.sd.us (605) 362-2760

Licensure Information

License Verification:
Licensure status for all nursing professions and the certification status for Certified Nurse Aides can be verified online, www.nursing.sd.gov, select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

Criminal Background Checks Required for RN and LPN Applicants
Criminal background checks (CBC) must be submitted to the SD Board of Nursing for all new RN, LPN, CRNA, and CNS applications for licensure by examination or endorsement on the South Dakota Board of Nursing cards. Please note: Cards from other agencies are not accepted.

CBC materials, which include fingerprint cards, will be mailed upon request; contact the Board of Nursing office at (605) 362-2760 or e-mail Lois.Steensma@state.sd.us. Completed CBC materials and $39.25 fee, payable to South Dakota Division of Criminal Investigation (DCI), must be received to process licensure application. **Incomplete materials will delay processing CBC and licensure application.**

Online Renewals with previous licensure discipline history or criminal convictions:
Licensed nurses with licensure discipline and a history of criminal convictions are unable to process their renewal applications online and must submit the paper renewal application.

Verification of Employment:
If you choose to complete your renewal online you will be required to attest to the hours that you have worked during the renewal period. The Board will periodically audit and request a completed employment verification form.

4305 S. Louise Ave., Suite 201 • Sioux Falls, SD 57106-3115 • Phone (605) 362-2760 • Fax (605) 362-2768

South Dakota Board of Nursing Meeting Highlights

September and November 2008

Advanced Practice

- Moved that the South Dakota Board of Nursing approve the request by American Psychiatric Nurses Association that South Dakota will issue a CNS or CNP license, based on requirements for education of the role, in the Psych/Mental Health Adult Specialty using the updated combined CNS/CNP examination – ANCC Certification Exam for Psych Mental Health Adult Specialty
- Nancy Kertz, CNP, and Susan Rooks, CNM, selected to fill appointments to APN Advisory Committee

Education

- Oglala Lakota College: Moved to support continued Probationary Status and return to Full Approval Status when NCLEX pass rates meet the required standard of 75%
- Moved to place Sinte Gleska University LPN Nursing Program on Probationary Status and placed on notice that one year is allowed to correct deficiencies. At the end of the Probationary period, if the program has failed to correct the deficiencies and has not implemented the Board of Nursing Recommendations, the Board may withdraw Approval after a Hearing in accordance with SDCL Chapter 1-26
- Accepted evaluation reports for Clinical Enrichment Programs and granted continued approval for Summer 2009 programs:
  - St. Michael's Hospital Avera, Tyndall
  - Avera McKennan Hospital & University Center, Sioux Falls
  - South Dakota Human Services Center, Yankton
  - Rapid City Regional Hospital, Rapid City
  - Avera Sacred Heart Hospital
  - Bennett County Hospital and Nursing Home
  - Pine Ridge Indian Hospital
  - Spearfish Regional Hospital
  - Avera St. Luke's Hospital
  - Sanford Health USD Medical Center with modifications to offer expansion to include Sanford Clinics
- Accepted Appointment of Nursing Chair, Jacquelyn Kelley, RN, DNP for Mount Marty College
- Granted Full Approval Status to Dakota Wesleyan University RN-BAN Online Completion Program
- Approved RN and LPN Refresher Courses provided by SEVEN Healthcare Academy in Arizona

Legislature

- Moved that the South Dakota Board of Nursing proceed with promulgation of amendment ARSD 20:48:15 Nurse Licensure Compact as finalized by the Nurse Licensure Compact Administrators on August 4, 2008
- Formally adopted the amendment ARSD 20:48:15:02 and 03 – Nurse Licensure Compact

Other Matters

- Accepted the RFP from Avera Behavioral Health Center for operations and management of the Health Professionals Assistance Program (HPAP)
- Moved to purchase a Citizens Advocacy Center membership

Note: Board Meeting minutes are available on our Web site at www.doh.sd.gov/boards/nursing.

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

September 2008

Sharon Rose Azure
Suspension.....R028066

Betty C. Arthur
Revocation.....R034888

Donna L. Bossman
Letter of Reprimand with Remediation.....R024087

Ann M. Mechtenberg
Reinstatement with Probation.....R028205

Eugene D. Sarha
Voluntary Surrender approved.....R028203

Juddson O. Noland
Voluntary Surrender approved.....P009965

Becky L. Coisman
Voluntary Surrender approved.....R030836

Matthew L. Marks
Voluntary Surrender of Privilege
to Practice approved.....Iowa RN113198

Mitch P. Jenner
CNP Reinstatement with
Probation and Conditions.....CP000033

Ronald L. Cooper
Suspension.....R027397

Lezlea C. Findley
Suspension.....R031812

Daniel J. Winkler
Letter of Reprimand with Remediation.....P009326

November 13-14, 2008

Shelby Lynn McKelvey
Summary Suspension.....P009914

Sandra L. Koenig
Voluntary Surrender approved.....R027815

Darci J. Knoll
Voluntary Surrender approved.....R033942

Rebekah H. Stallings
Suspension.....R031565

Tylese M. Pearson
Reinstatement with Probation.....P009123

Christina M. Fergen
Probation Closed.....R030829

Lisa Diane Fischer
Reinstatement with Probation.....R023717

Dakota Nurse: Making a Difference Around the World

Lt. Col. Susan (Turbiville) Bassett, chief nurse mentor at Kandahar Regional Military Hospital, Kandahar, Afghanistan, gives a clear picture of the antiquated state of nursing seen in this struggling third world nation. Currently employed as an Air Force officer in the Nurse Corps, Lt. Col. Bassett was born and raised in Belle Fourche, South Dakota. She received her BA in Nursing from Augustana College in 1976 and her MS in Nursing from SDSU in 1985. After joining the Air Force in 1991, Lt. Col. Bassett has been stationed throughout the U.S. and overseas; however, nothing ever compared, she says, with her current experiences while forward deployed in Afghanistan.

The ANA successful "firsts" are heart-warming. ANA Medivac missions are critical, and each one wins the hearts and minds of many soldiers and countrymen.

Why is the U.S. sending troops to teach Afghan nurses?

The answer to this has to do with counterinsurgency warfare/tactics. More specifically, U.S. troops do many forms of mentoring throughout the fledgling Afghan National Army (ANA) so that they can be successful in defending the country and its legitimate, democratically-elected central government. If the ANA feels the government is in serious danger of a coup, failure and extension of Taliban insurgency influence.

A small piece of the overall ANA plan is to help them start up a military medical service--patterned after our own.

Responding to either a MASCAL or Code when no one speaks your language or has much of an idea what you want them to do first is challenging on the best of days!

The Afghan nurses and doctors are all officers in the ANA. They treat ANA soldiers and their families, Afghan National Police (since they have a less developed system but are targeted by the Taliban fighters just like the soldiers) and Afghan civilians on a humanitarian basis only.

Who do you work with?

My assignment is to mentor (advise) the ANA Chief Nurse and oversee the care that 30 ANA nurses/officers deliver within the 50-bed Kandahar Regional Military Hospital. The 30 nurses are all men; however, there are a few female nurses within the ANA Nurse Corps at large. As the only nurse on our mentoring team, this is keeping me very, very busy.

How is nursing care delivered?

Due to security issues in southern Afghanistan, we cannot travel outside our base to observe Afghan culture or do humanitarian missions. Statistics show, however, that 155 babies die for every 1,000 live births (U.S. rate is 6.9:1,000); also, there is a one in eight lifetime risk of maternal death (compared to 1:4,800 in U.S.). Hygiene is very poor, with 70 percent of people residing in rural regions lacking safe drinking water. Homes in Kandahar City have approximately two hours of electricity per day—and with summer temperatures soaring to 130°F, life really becomes difficult.

Within the ANA hospital, built by the Army Corps of Engineers and opened in January 2008, the Afghan military nurses deliver care which I would say is comparable to the 1950s in the U.S. They use a functional style of care, ie. one procedure nurse, one dressing (wound care) nurse, one transport nurse. Housekeepers clean patients and linens as well as floors and bathrooms.

Medications (PO/IM/IV) are all delivered to the patient's bedside twice per week after the doctors make their rounds and write orders. Most patients are illiterate (even the soldiers), so slashes are written on the back of packages to tell the patient how many times each day to take their medication. Nurses make rounds several times per day to reconstitute and inject (IV Push) any IV medications which were ordered.

Nurses are eager to learn to use the new machines and technology we give them, but basic understanding of human physiology and assessment of patient condition is mostly left to the doctors. Documentation is nearly absent; a simple Medication Administration Record (MAR) has recently been instituted, but the day shift procedure nurse signs off all the medications given to each patient over the past 24 hours. Many of the nurses, while

literate, have not chosen to read/write since their school days.

On the other hand, the patient care need is massive. Our small (50-bed) hospital sees two to three MASCALs per week with polytrauma injuries from gunshot wounds, rocket-propelled grenade attacks, Improvised Explosive Device blasts and suicide bombings. Many multiple fractures, burns, massive internal damage and amputations result. Lt. Col. Bassett writes, "I originally thought I had a small-town type hospital to oversee, until I looked around one day and saw nine recent amputees and four patients with chest tubes."

What is the nurse training like?

Young Afghan students are tested when they graduate from high school. If they score very high, they are eligible to attend medical school. Those scoring not as high are eligible for engineering, pharmacy, or similar type colleges. Those scoring lower are shepherded into a general "medical" (really, nursing) education. That school, I am told, is nine months long. It does not include anatomy/physiology or information about diseases--that is for doctors. Likewise, it does not include any hands-on practice in a hospital. Students learn how to do procedures that a doctor may require, e.g. starting IVs, obtaining an EKG, performing wound care, etc. They are very, very good at procedures.

Many of the ANA military nurses have been given opportunities for additional training later, usually in Iran, Pakistan or India. However, being a nurse is not something to be proud of in Afghanistan. They will not use a medication cart because they are ashamed to be identified as a nurse (instead of a doctor). Thus, many nurses go on to "higher" training as lab techs, X-ray techs, pharmacy techs, dentists or OR techs.

How do you teach them U.S. techniques and ways when they have different procedures/resources?

As one always should, I started by getting to know the nurses and their abilities and trying to understand the care they

CONTINUED ON NEXT PAGE

Teaching is critical. Just to own a pen or folder of papers is important to social status in Afghanistan! And yes, I shamelessly bribe my students with treats during class.

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have been providing (quite proudly) for hundreds of years. Then, I chipped away at the procedures that truly may endanger the patients' health, or at the very least not be helpful. An example would be when I arrived here, I found NO documentation except for the doctor's orders. The nurses couldn't understand why they should write anything more when it was obvious that the doctor had written it once already and that was what the nurse gave. I am happy to relate that I have convinced the nurses to document vital signs for the doctor's review, and they are currently becoming proficient with Intake and Output records.

But that example also brings to light an ethical dilemma. Who says they have to do things in a U.S. manner or use U.S. techniques? There are many ethical questions like this to be consider as a mentor.

What is your relationship with the nurses like?

My relationship with the 30 nurses at this hospital is quite unique and special. Being a female adds to the uniqueness (all male nurses, only two female "servants" in the hospital). But honestly, being over 50 years old and still active-"without a cane" (when their average lifespan is 44 years) is awe-inspiring to them. They bring me chai tea about four times a day and insist I rest frequently. However, when we have mass casualties, and we have small MASCALS every three to four days with nearly 90 episodes of polytrauma patients so far this year, we all just become nurses working together, doing whatever it is we have to do to save lives.

What are some success stories you have?

I am proud that the nurses now consistently check vital signs on emergent patients in the ER. I am also proud that they see the need to write down how much Morphine they give and when. I am pleased that housekeepers have recently started putting SOAP into the floor scrubber. I am ecstatic that nurses and patients alike have learned how to brush their teeth (yes, I literally had to do demonstrations). I feel good that patients with amputations are now allowed to get into wheelchairs and interact somewhat normally with other soldiers in the parking lot. And lastly, I am happy that they have had a glimpse of Americans who truly care about them and their overwhelming problems in daily life.

What can be done to enhance professional nursing?

Certainly, major changes must take place in Afghan nursing schools and the primary/secondary education given to aspiring nurses. In much of the country, women are beginning to join the ranks of workplace contributors. Changing existent systems is difficult and slow. Social and religious customs strongly influence this part of the world. Additionally, as my chief nurse mentee, Captain Niaz, tells me, "If I demand too strongly that my nurses change things, they will meet me on the street and shoot me dead." That is reality here.

At our hospital, we have started an ambitious program of 36 modules of basic nursing education. The men's attention to detail is short, so the modules are made of 10-12 slides of mostly pictures and are made to be presented in 20 minutes or less. We cover topics such as "Pulse, what is it and what do fast/slow pulses mean" to bolster basic assessment skills. Other modules address specific equipment such as IV pressure bags or fluid warmers. My favorite modules introduce the Afghan nurses to "new" concepts such as Unit Dose or I&O Flowsheets.

Lastly, this is me with Chief Niaz, my mentee, and one of our interpreters. I truly will never forget the graciousness and kindness I have discovered in these Afghan nurses.

We also bolster the nursing profession with events of honor. I was very fortunate last spring to take 28 ANA nurses to a celebration where we joined with 100 nurses from 10 different Coalition nations to celebrate Nurses Day--the first time these Afghan nurses had ever felt included with the rest of the world's nurses!

Reference: World Health Organization, http://www.who.int/reproductive-health/publications/maternal_mortality_2005/mme_2005.pdf

New SDNA Book Release - "Many Stories... One Voice"

The South Dakota Nurses Association (SDNA) is pleased to announce the release of the book *"Many Stories...One Voice."* This book was authored exclusively by South Dakota Nurses! It is filled with 64 pages of nursing stories that will tug at your heartstrings and tickle your funny bone.

"SDNA wanted to publish a book that contained stories of South Dakota nurses. We have some of the most smart, caring, compassionate nurses, and SDNA wanted to give them a venue to share their stories. This book is a result of that endeavor," said SDNA District 10 President Becky Nichols. "All nurses can relate to these stories, and we hope they all have a chance to enjoy this book."

If you would like to purchase a book, you can contact the SDNA office at sdnurse@midco.net or by calling 605-945-4265. Each book is $15.00. Please add $2.00 *per book* shipping and handling if shipped from the SDNA office.

These books make great gifts. Pick up one for yourself and your friends today!

Health Facilities Surveyor

Requisition #80979

Looking for a new challenge? The S.D. Department of Health is accepting applications for Health Facilities Surveyor positions located in Pierre and Aberdeen, S.D. These positions inspect health care facilities and related services in areas such as nursing, dietary, and patient activities to ensure compliance with state and federal licensure and certification regulations. Candidates must possess or have the ability to obtain a license as a S.D. registered nurse. Position requires overnight travel within the state two or three days weekly at least three weeks each month. Great employee benefits such as health insurance, retirement, three weeks vacation, 10 paid holidays, and more. Opportunity for pay grade advancement. Salary is DOE. Open until filled. For more information and to apply, contact your local S.D. Department of Labor Office or the Bureau of Personnel, 500 E Capitol, Pierre, SD 57501-5070. Telephone (605) 773-3148.

An Equal Opportunity Employer

Get HIPED! (Health in Partnership with Education)

Did you know that South Dakota is expected to need THOUSANDS of ADDITIONAL health care workers in the next few years? Between the extremely high percentage of baby-boomers retiring and leaving the work force and the decreasing numbers of high school graduates, South Dakota could be facing the "perfect storm." In an effort to address the projected health care work force shortage, the departments of Education, Health, Labor and the Board of Regents have been working collaboratively to communicate to students the very positive job outlook for health related careers, as well as the wide variety of careers in this field that may be of interest to them. In addition, the Department of Health has established the South Dakota Healthcare Workforce Center, housed within the Office of Rural Health. The purpose of the Center is to coordinate a statewide effort which addresses health care work force issues. It will function as a clearinghouse for health care work force-related data and information. The Center is also designed to develop and implement programs and projects that assist individuals, agencies and facilities in their efforts to address current and projected work force needs.

Health in Partnership with Education (HIPE) Week is scheduled for **February 2-6, 2009**. The purpose of this week is to encourage the health care industry to partner with the educational system to promote health careers. As preparations for this event begin, we would like you to consider promoting your career in your local schools. Don't know where or how to start? Find a contact in your school: the principal, guidance counselor, science teacher or even your child's teacher are great starting points. Explain to them about the critical need for health care providers and tell them about HIPE Week. Ask if you could schedule a time to come into the classroom to discuss health careers. Visit the HOTT Web site for lots of ideas or consult the "Tool Kit" for suggested lesson plans. These presentations are a great way to expose students to a career that offers excitement, challenges, job satisfaction, competitive salaries and options: there are over 250 health careers to choose from!

If you have any questions regarding HIPE Week or if you would like additional information, please feel free to contact Halley Lee, Healthcare Work force Center, Department of Health, at 605.773.6320 or via e-mail at halley.lee@state.sd.us. *More information on HIPE Week can be found at healthcareers.sd.gov.*

South Dakota Nurse Practice Act Rules Amended

Collaboration Requirements Changed for Nurse Practitioners & Nurse Midwives

New language was approved in Administrative Rule which changes the requirement for nurse practitioners (CNP) and nurse midwives (CNM) to have direct personal collaboration with a physician from one half day a week or a minimum of one hour per ten hours of practice to twice each month. *This change became effective January 1, 2009.*

The new language in the Administrative Rules (ARSD) Chapter 20:62:03 Collaborative Practice section 20:62:03:03 – Collaboration with a licensed physician or physicians is underscored,

> ARSD "A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions defined in SDCL 36-9A-12 and 36-9A-13, in collaboration with a physician or physicians licensed under SDCL chapter 36-4. Collaboration by direct personal contact with each collaborating physician must occur no less than twice each month unless it is established in the collaborative agreement that one of the twice monthly meetings may be held by telecommunication. Collaboration with each collaborating physician shall occur at least once per month by direct personal contact."

FAQ Relating to Change in Collaboration

Q. How long or how many hours must the twice monthly meeting last?

A. The new language does not specify how long the two monthly meetings must last. The revised rule does specify that the CNP/CNM and physician must collaborate by direct personal contact, meaning both professionals are physically present and available for collaboration at the two meetings. The law also defines collaboration as communicating pertinent information or consulting with the physician with each provider contributing their respective expertise to optimize the overall care delivered to the patient (SDCL 36-9A).

Q. Do I need to sign a new collaborative agreement with my physician(s) that includes this new language?

A. A new collaborative agreement is not required with this rule amendment as long as the terms defined in your currently approved collaborative agreement(s) describes current practice.

CNPs and CNMs are responsible to maintain current status of all collaborative agreements on file with the Boards. Any changes to an approved collaborative agreement, i.e. new practice site(s), new primary physician, or additional secondary physician, pursuant to SDCL 36-9A-20, must be submitted for review and approval by the Boards prior to performing the overlapping scope of advanced practice nursing and medical functions. CNPs or CNMs wishing to request modifications to functions described in 36-9A-12 or 36-9A-13 or the Collaborative Agreement must submit the request to the Boards for review and approval prior to implementing the modifications. Send collaborative agreement requests to the Board of Nursing Office for approval prior to implementing the agreement.

Q. How do I request one of the two meetings be held by telecommunication instead of by direct personal contact?

A. The collaborative agreement has been revised to reflect the amended rule for collaboration requirements; the revised agreement provides opportunity for the CNP/CNM to request a modification to allow one of the two monthly meetings be held by teleconference. Rationale for the requested modification must be provided, and the prior approval must be received by the Joint Boards prior to implementing a modification.

Q. Where can I find the revised collaborative agreement?

A. All advance practice forms, including the revised collaborative agreement, are available on the Board of Nursing Web site at www.nursing.sd.gov.

Nurse Licensure Compact Rules Amended

South Dakota and several surrounding states, Nebraska, North Dakota, and Iowa, participate in a multi-state Nurse Licensure Compact. The Compact is designed to allow a nurse to hold only one RN or LPN license in their state of residence and to use that license to practice in other participating states. Currently, twenty-three states have implemented the Compact; more information on the Compact is available on the National Council State Boards of Nursing Web site, www.ncsbn.org.

New policies adopted by the Nurse Licensure Compact Administrators for the Nurse Licensure Compact were approved in Administrative Rule of South Dakota to allow the Board of Nursing to implement and enforce the new requirements. Contact the South Dakota Board of Nursing with questions regarding the rule changes.

New language adopted in ARSD Chapter 20:48:15:02 and 20:48:15:03 – Nurse Licensure Compact are underscored,

20:48:15:02. Issuance of license by compact party state. For the purpose of the nurse licensure compact:

(1) As of July 1, 2005, no applicant for initial licensure may be issued a

compact license granting a multistate privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or any predecessor examination used for licensure;

~~(1)~~ (2) A nurse applying for a license in a home state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a sworn declaration signed by the licensee attesting to the licensee's primary state of residence. In addition, further evidence may be requested by the home state, including:

(a) Driver's license with a home address;

(b) Voter registration card displaying a home address; ~~or~~

(c) Federal income tax return declaring the primary state of residence;

(d) Military certificate certifying the state of legal residence; or

(e) W2 from the U.S. Government or any bureau, division, or agency therof indicating the declared state of residence;

(3) A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license shall be issued by the party state;

(4) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license;

(5) When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e. a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance;

~~(2)~~ (6) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed 30 days;

~~(3)~~ (7)The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance. The 30-day period allowed in subdivision ~~(2)~~ (6) shall be stayed until resolution of the pending investigation;

~~(4)~~ (8) The former home state license ~~shall become~~ is invalid upon the issuance of a new home state license;

~~(5)~~ (9) If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten business days, and the former home state may take action in accordance with that state's laws and rules.

20:48:15:03. Limitations on multistate licensing privilege. The board shall include, in all licensure disciplinary orders or agreements that limit practice or require monitoring, the requirement that the licensee subject to the order or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards. A nurse who had a license that was surrendered, revoked, or suspended, or who had an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the nurse is eligible for an unrestricted license in the prior state of primary residence in which the adverse action occurred. Once eligible for licensure in the prior state of primary residence, a multistate license may be issued.

Frequently Asked Questions on Nurse Licensure Application / Renewal

1. I need to renew my SD nursing license. On my renewal application two years ago, I reported that previously I had received discipline from a Board of Nursing. Do I need to report it again on this renewal application?

   Yes, you are required to disclose previous discipline on all nursing license renewals, even if you have disclosed it on a previous renewal. Failure to disclose may result in further disciplinary action.

2. If I apply for nursing licensure in another state, do I need to report to that state that I have been disciplined by the South Dakota Board of Nursing?

   Yes, you are required to provide an affirmative response to inquiries of disciplinary action on any other nursing licensure applications, or any other nursing related inquiries. Failure to disclose may result in further disciplinary action by the other state.

3. If I have informed the Board of Nursing of a previous criminal conviction on my renewal application two years ago, do I have to answer "Yes" to question #1 again?

   Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted deferred judgment or suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations?

   Yes, you are required to disclose previous convictions on all nursing license renewals, even if you have disclosed it on a previous renewal. Failure to disclose may result in further disciplinary action. However, if you submitted a signed and dated explanation and copies of court documents related to each conviction with an earlier renewal application, you may note "Records on file at SD Board of Nursing" on the current application.

4. Years ago, I received a suspended imposition sentence for a misdemeanor. I completed the probation with no violations, and have received a court document that indicates that. Am I still obligated to report this on the nursing license application or renewal form?

   If granted a Suspended Imposition of Sentence, the Court views the matter as a conviction until such time that a successful Discharge Order is signed, releasing you from the Court's jurisdiction. Once the sentence has been completed successfully and a Discharge Order signed, your record for this crime is sealed and you may then rightfully answer "NO" to that question on applications.

5. I went to the South Dakota Board of Nursing website to renew my nursing license online. Why was I unable to submit my completed application?

   Any "Yes" response to the disciplinary information questions will automatically stop the online renewal process. A nurse will need to complete a paper renewal application and submit an explanation for each "Yes" response with a complete description of dates and circumstances, and all supporting applicable documents.

Introduction to New Board Staff Member

Erin M. Matthies

In December 2008, the South Dakota Board of Nursing welcomed Erin M. Matthies as the Licensure Operations Manager. Her primary responsibilities include overseeing all aspects of Licensure including renewal and endorsement applications. She will also function as oversight manager for the Criminal Background Check process.

Erin received a Bachelors of Arts degree in Sociology – Human Services with a minor in Psychology from Northern State University in Aberdeen, SD. Prior to joining the Board of Nursing, Erin worked as an Account Manager in the insurance industry. She also served as a Trainer for Customer Service for Mutual of Omaha. She brings extensive experience with policy and procedure development to the South Dakota Board of Nursing.

Erin is married to Jason and has a nine month old daughter named Malea. She enjoys spending time with her family, traveling, scrapbooking and volunteering at her Church.

Inspiring the Inspirational

New Collection of Short Stories and Quotations by Nurses for Nurses

TAMPA, Fla. – In her new compilation of short stories by professional nurses around the United States, ***Inspiring the Inspirational: Words of Hope from Nurses to Nurses*** (published by AuthorHouse), Sue Heacock shares the hopes and joys of nursing in her collected stories, including the humorous adventures from school nurses to the poignant tales from the emergency room and intensive care.

Inspiring the Inspirational is a heartwarming compilation of funny and inspirational stories full of advice and includes captivating quotes to accompany each touching memory.

One of the more delightful stories in ***Inspiring the Inspirational*** comes from JT Hayes in Palm Springs, Calif., titled "Suddenly Stricken":

I am not your typical school nurse. I am male, six feet two inches tall, and weigh 200 pounds. Frequently, parents, school visitors, and new teachers mistake me for a campus security officer or an administrator. One day, several years ago, I looked up to see a small girl walking down the hall toward the health office. What was unusual was that she had her head tipped back, eyes closed, and was erratically waving both extended arms in front of her. She was accompanied by two other girls from her class.

What was the reason for the second grader's visit to the health office? She had been suddenly stricken blind when the teacher handed out an arithmetic test. Her two companions were all atwitter in their concern, right up until the "blind" girl's eyes popped wide open and she blurted out, "You can't be the nurse, you're a BOY!"

Inspiring the Inspirational reminds us that nurses are caring, selfless people who give much of themselves every day for the benefit of others, and it's about time they were given some inspiration as well. Heacock hopes that by sharing these stories, she will lead and inspire other nurses in their noble endeavor.

Sue Heacock was a military police officer in the U.S. Army and worked in human resources and equal employment opportunity before becoming a nurse. Heacock has over 12 years of nursing experience, including work in research, pediatrics and occupational health. A certified occupational health nurse specialist, she currently resides in Florida and is a mother to a 15-year-old daughter and a 19-year-old son in the Marines.

AuthorHouse is the premier publishing house for emerging authors and new voices in literature. For a complimentary copy of this book for review, members of the media can contact the AuthorHouse Promotional Services Department by calling 888-728-8467 or e-mailing pressreleases@authorhouse.com.

(When requesting a review copy, please provide a street address.)

Rapid City Regional Hospital

INVESTING IN THE NURSING PROFESSION

Rapid City Regional Hospital is part of a larger health care system called Regional Health. Regional Health is a not-for-profit, integrated, community-based health care system of more than 40 health care facilities serving western South Dakota, eastern Wyoming, and northwestern Nebraska which consist of hospitals, clinics, senior care facilities, and centers of excellence. We want to share with everyone some of our major advancements over the year.

ELECTRONIC MEDICAL RECORDS

In April 2008, Regional Health focused on an interdisciplinary Electronic Medical Record (EMR) for the health care system. The new documentation system gives multiple caregivers access to the patient's record simultaneously. Nurses and other health care providers have the ability to document at point-of-care through the use of workstations on wheels and the new Motion® C5 mobile tablet computers.

During the project, hardware was considered for each nursing unit. The nurses had an opportunity to have hands-on demonstrations of mobile computer options. The innovative design of the C5 offered a portable, flexible, and lightweight option for the busy patient care setting. The device has the capability to scan and record medications by bar coding and will be used in the upcoming Bedside Medication Verification project that will begin in the spring of 2009.

Dedication to the project continues today with the development of the new Clinical Documentation Council. Representatives from all nursing units and therapies meet to review proposed documentation changes and promote standardization and user-friendly design. Our goal remains to include nurses in decisions affecting their everyday work.

COLOR CODED ALERT SYSTEM

Reducing medical errors and increasing patient safety is a primary goal for medical facilities across the nation. Color coding of patient identification wristbands has been used for many years, with a recent national trend to standardize colors.

While there is not an official national standard at this time, 11 states have identified and chosen the same colors as a way of quickly recognizing important information about patients, based on assessment, wishes and medical status. In August 2008, Regional Health made the same decision to join those states.

In health care, improving technology continues to increase patient safety. Quite possibly, some form of future technology may replace color-coded wristbands. However, at this point in time, using color-coded wristbands remains a reasonable solution and joining hospitals across the nation in a standardized color system is providing the best care available for our patients.

ALARIS SMART PUMPS

In an effort to promote patient safety and decrease potential Adverse Drug Events (ADEs), Regional Health, in the fall of 2007, converted from conventional IV pumps to Cardinal Health's Alaris® Smart Infusion Technology. Medication errors with IV infusion pumps present the greatest potential for harm. Smart pumps are the "new" generation IV pumps that have improved the safety of IV medication administration.

The Alaris® Smart Pump brain is called the Point of Care (POC) unit, where programming takes place, making it very user-friendly. The POC consists of customized software that contains a region-wide, standardized drug library. The library was built by a pharmacist, with input from nurses representing the seven profiles chosen by Regional Health. These profiles include Critical Care,

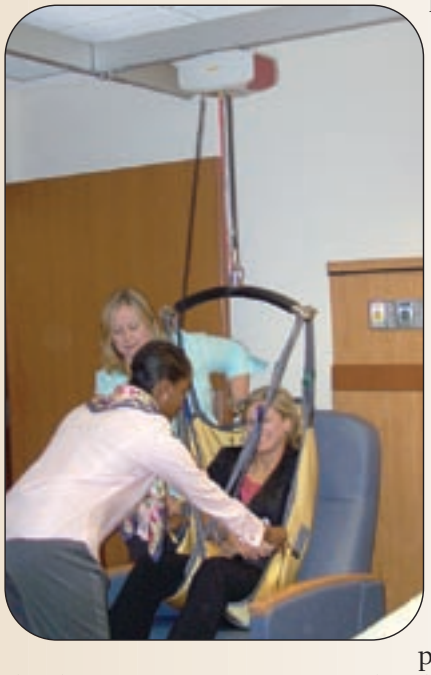
Progressive Care, Oncology, Medical/Surgical, Pediatrics, Neonatal ICU and Labor and Delivery.

Using smart pump technology has enabled Regional Health facilities to download data from the wireless system for continuous quality improvement. The software logs and tracks all alerts, recording the time, date, drug, concentrations and infusion rate as well as the action the nurse took to resolve the problem. Analysis of the data can indicate problems with parameters loaded in the library, identify problems in nursing practice, or can reveal a need for clinical education. When software updates to the drug library are made, the information is transmitted wirelessly to the five hospitals within the Regional Health System.

For Regional Health, conversion to smart pump technology provides us with an opportunity to improve nursing practice while continually striving for increased patient safety.

CEILING LIFTS

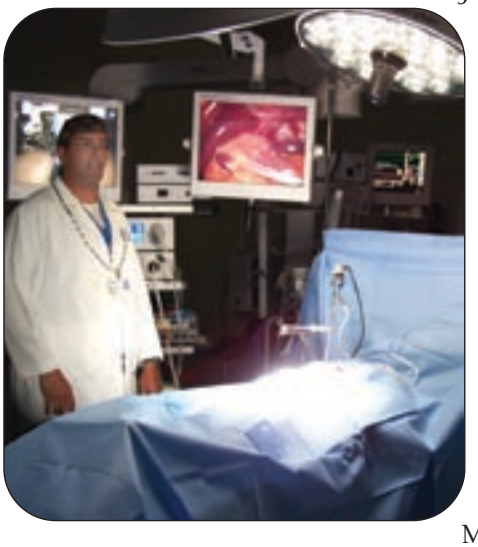
Another focus on patient and nurse safety is our ceiling lifts. Nursing is ranked second only to industrial work for physical workload intensity and is a high risk profession for back injury. In order to provide a safe environment for staff and patients, Rapid City Regional Hospital (one of five hospitals in our health care system) participated in a work analysis of all the departments in the hospital. Two patient lift systems were brought into the hospital to trial by the nurses to determine which company had the product that best met the needs of the patients and staff. After the demonstrations were completed, the hospital made an investment in safe patient handling and purchased ceiling lifts for most needed areas: Hospice House, Adult ICU, and Orthopedic/Surgical units.



Most of the lifts, tracks, and motors have a lifting capacity of 550 pounds but we also have a motor that can lift patients up to 1000 pounds. Our initial results indicate that the ceiling lifts have increased patient comfort, safety and dignity, and has also improved working conditions for staff, reduced the potential of injuries, and in general made the movement of patients much easier for all.

INTEGRATED OPERATING SUITES

Another patient and nurse satisfier is the newly integrated operating suites which are described as "operating rooms of the future". Rapid City Regional Hospital renovated three i-Suite® Operating Rooms (OR) in July 2008 - a group of fully integrated, voice-controlled, high-definition operating rooms.



The i-Suites provide a new level of medical care and enables us to increase productivity, reduce operative costs, cut operative times, and shorten the time patients must remain under anesthesia. Most significantly, the i-Suites® improve procedural efficiency which will further benefit our patients. It also allows operating room staff to concentrate on providing direct patient care.

Digital routing will now allow surgical images, audio notes, and other patient data to be directly downloaded to a secure patient file on a central server which will assist Rapid City Regional Hospital to reach optimal operating efficiency.

REGIONAL HEALTH

Regional Health's employees are the driving force and strength of this organization. As the health care needs of the community have grown, existing services have been enhanced and new programs have been added.

As the economic and cultural center for western South Dakota, Regional Health offers many of the large city amenities, yet the comfort of a small town atmosphere. In addition to the commitment we have made to build a strong focus on our nurses, the Black Hills of South Dakota is an incredible place to live with a quality of life that surpasses anything in the region.

IF YOU WOULD LIKE TO JOIN AN ORGANIZATION COMMITTED TO NURSING EXCELLENCE VISIT US AT www.regionalhealth.com OR CALL OUR RECRUITMENT OFFICE AT 1-800-865-2638.

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• Rod Goeman	120 East Center St	Madison	800-379-7802	rgoeman@farmersagent.com
• Janet Zuver	204 S Main St #D	Milbank	605-432-5184	jzuver@farmersagent.com
• Martie Bothun	401 E Sioux Ave	Pierre	605-224-6994	mbothun@farmersagent.com
• Ben Simpson	909 St. Joseph St	Rapid City	605-348-0094	bsimpson@farmersagent.com
• Dave Schmidt	2620 Jackson Blvd #F	Rapid City	605-392-5434	dschmidt@farmersagent.com
• Glenn Benton	201 Main St #100	Rapid City	605-718-9234	gbenton@farmersagent.com
• Myron Hofer	2400 W Main St #H	Rapid City	605-342-8984	mhofer@farmersagent.com
• Yvonne McCann	2400 W Main St #G	Rapid City	605-342-7803	ymccann@farmersagent.com
• Jerrie Nelson	30 Knollwood Drive #F	Rapid City	605-342-5350	jnelson@farmersagent.com
• Jodi Enderson	550 N 5th St	Rapid City	605-721-7020	jenderson@farmersagent.com
• Kim Baker	2326 Canyon Lake Dr	Rapid City	605-721-7325	kbaker2@farmersagent.com
• Dean Karsky	2500 W 46th St	Sioux Falls	605-335-8101	dkarsky@farmersagent.com
• Don Lee	3710 S Westport #A	Sioux Falls	605-361-1963	dlee1@farmersagent.com
• John Molitor	3300 E 26th St #104	Sioux Falls	605-274-6027	jmolitor@farmersagent.com
• Rick Burt	3300 E 26th St #104	Sioux Falls	605-575-0924	rburt@farmersagent.com
• Kerry Lutter	600 N Kiwanis Ave	Sioux Falls	605-339-3203	klutter@farmersagent.com
• Loretta Berg	3130 W 57th St #107	Sioux Falls	605-362-6600	lberg@farmersagent.com
• Mark Willadsen	2001 W 42nd St	Sioux Falls	605-332-2130	mwilladsen@farmersagent.com
• Bill Termes	517 N Main St	Spearfish	605-644-0951	btermes@farmersagent.com
• Bruce McFarland	1241 Sherman St	Sturgis	605-347-4562	bmcfarland@farmersagent.com
• Donna Dorothy	740 E 1st St	Tea	605-213-3935	pshriver@farmersagent.com
• Pat Shriver	1505 9th Ave SE #B	Watertown	605-882-2806	pshriver@farmersagent.com
• Kevin Carda	2006 Locust St	Yankton	605-665-5476	kcarda@farmersagent.com

North Dakota Agents

Name	Address	City	Telephone	E-mail Address
• Jerry Stenehjem	500 N 3rd St	Bismark	701-255-1758	gstenehjem@farmersagent.com
• Kyle Herman	1022 E Divide Ave	Bismark	701-255-3655	kherman@farmersagent.com
• Tina Morast	1120 College Dr #101	Bismarck	701-222-8135	tmorast@farmersagent.com
• Bob Keding	15 Broadway #101	Fargo	701-271-8283	rkeding@farmersagent.com
• Steve Severson	1323 23rd St S	Fargo	701-293-1414	sseverson@farmersagent.com
• Julie Wilson	825 28th St SW #D	Fargo	701-239-2448	jwilson@farmersagent.com
• Steve Renslow	2212 Library Circle	Grand Forks	701-775-8122	srenslow@farmersagent.com
• George Wogaman	2612 Gateway Dr	Grand Forks	701-772-7108	gwogaman@farmersagent.com
• Leo Papineau	811 S Broadway St #B	Minot	701-852-4434	lpapineau@farmersagent.com

Minnesota Agents

Name	Address	City	Telephone	E-mail Address
• Keith Phillips	725 Center Ave	Moorhead	218-236-0948	kphillips@farmersagent.com

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North Dakota Board of Nursing 2009 Meeting Dates

UPCOMING BOARD MEETING DATES

January 22 & 23
March 19 & 20
May 14 & 15
July 16 & 17, 2009 Annual Meeting

For additional information, please call 701-328-9779

North Dakota Board of Nursing Annual Report is available on the Web site at www.ndbon.org/ publications.

WORKPLACE IMPAIRMENT PROGRAM

An Alternative to Discipline.

A monitoring program for nurses with impairments of:

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Phone: (701) 328-9783 • Fax: (701) 328-9785
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e-mail: kbitz@ndbon.org

NURSES ***Have you moved recently?***
Update your address on the ND Board of Nursing Web site: www.ndbon.org
Click on: Address Change
We appreciate it when licensees help us maintain current records!!

Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

BOARD STAFF	E-MAIL ADDRESSES
Constance Kalanek, Ph.D., RN, FRE, Executive Director	ckalanek@ndbon.org
Karla Bitz, Ph.D., RN, FRE, Associate Director	kbitz@ndbon.org
Patricia Hill, BSN, RN, Assistant Director–Practice and Discipline	phill@ndbon.org
Linda Shanta, Ph.D., RN, Associate Director–Education	lshanta@ndbon.org
Julie Schwan, Administrative Services Coordinator	jschwan@ndbon.org
Gail Rossman, Technology Specialist	grossman@ndbon.org
Sally Bohmbach, Administrative Assistant	bohmbach@ndbon.org
Kathy Zahn, Administrative Assistant	kzahn@ndbon.org

TOTAL NUMBER OF LICENSED NURSES 2007-2008 FISCAL YEAR

Year	*Calendar Yr 2003*	*Calendar Yr 2004*	*Fiscal Yr 2005-2006*	*Fiscal Yr 2006-2007*	*Fiscal Yr 2007-2008*
Registered Nurse	8711	8618	8804	9122	9634
Licensed Practical Nurse	3356	3434	3485	3594	3634
Total Nurses Licensed	**12,067**	**12,052**	**12,289**	**12,716**	**13,268**

TOTAL NUMBER OF UNLICENSED ASSISTIVE PERSON STATISTICS 2007-2008 FISCAL YEAR

	2003-2004	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*
Total	**3449**	**3530**	**3170**	**3479**	**4504**

*For a copy of the Annual Report FY 07-08 go to www.ndbon.org

CRIMINAL HISTORY RECORD CHECKS

ALL APPLICATIONS FOR INITIAL OR REACTIVATION OF LICENSURE/REGISTRATION WILL BE REQUIRED TO COMPLETE A CRIMINAL HISTORY RECORD CHECK.

LIST OF INITIAL APPLICATIONS:

- RN/LPN LICENSE BY EXAMINATION
- RN/LPN/APRN/SPRN LICENSE BY ENDORSEMENT
- UNLICENSED ASSISTIVE PERSON
- MEDICATION ASSISTANT

NDBON BOARD MEETING HIGHLIGHTS
September and November 2008

Approved the request from Dakota Nurse Program to add Ft. Berthold Community College to the consortium as the requirements for N.D.AC 54-03.2-07-03.1 Program Delivery has been met.

Accepted the report from Concordia College reporting closure of the graduate program according to NDAC 54-03.2-09-02 Voluntary Closing.

Approved the second-year follow-up information to the plan of corrective action for the deficiency related to pass rates in NDAC 54-03.2-07-01.1 Performance of Graduates on Licensing Examination and granted continued approval of the UTTC AASPN program through November 2011, according to NDAC 54-03.2-07-03. Full Approval Status.

Approved the request by the following CE providers to be displayed on the NDBON Web site:
- Merion Publications
- RN.com

Ratified approval of the workshops for contact hours submitted to the N.D. Board of Nursing, which includes courses #699 through #719.

RN refresher course offered by MN State Community and Technical College is in substantial compliance with the board established guidelines as set by NDAC chapter 54-02-05-05(b).
- Required the program to submit revisions to the course to strengthen the leadership component of the course before December 1, 2008.
- Granted continued approval for this course to be offered by MN State Community and Technical College for the next four years – September 2008 through September 2012.

Ratified approval of the following nurse faculty interns:

Heidi Okeson	Nicole Wilson	Gail Gores
Jessica Kotrba	Nancy Greywater	Sarah Komprood
Joann Kveum	Erik Watson	Mary Adkins
Keith Nelson	Amy Fiala	Kara Vollrath
Sheila Goettle		

Denied the following nurse faculty interns applications as they do not meet the minimum of two year registered nurse practice experience requirement to participate in the study:
- Katie Pence
- Gloria Ayuck

Directed staff to issue a letter of concern to any director of nursing or facility found to be violating NDCC 43-12.1-04 (12) relating to out of state student clinical experience.

Reviewed statistics of the Criminal History Record Check since July 17, 2008. There have been a total of 444 fingerprint cards sent to applicants since July 17, 2008. 264 cards have been returned (59 percent), with 225 completed results (85 percent). 13 percent of the cards have been returned for inaccurate or incomplete information, and 10 percent have been returned for fingerprint retakes. Ten percent of the CHRC results have had criminal history results; also reported were the following chain of custody issues:
- Fingerprint cards are sent to the licensee's home address.
- If licensee notifies staff that they did not receive two cards, another set of fingerprint cards are sent to the same address.
- Once fingerprinted, the cards are returned to the applicant to submit to NDBON.
- Incomplete demographic information or signatures returned to applicant.
- Signature of law enforcement missing from fingerprint card and returned to application for completion.
- Cards received in office signed by law enforcement but no demographic information completed by applicant are not returned to applicant but sent another set of fingerprint cards.

Other issues:
- NSF Checks
- Outdated money orders.

NDBON BOARD MEETING HIGHLIGHTS cont'd
September and November 2008

Approved that the applicants for license by examination must have a completed application (including criminal history record check results) for the passing test results to be released and a full license issued. The applicant with an incomplete application must continue to work under the 90-day work authorization until a full license is issued.

Set an expiration date for Initial Unlicensed Assistive Person Registry or Reactivation, Initial Medication Assistant Registry or Reactivation, and RN or LPN License Reactivation temporary permits waiting for CHRC results for 60 days.

CHRC criminal history record check will be required for RN/APRN endorsement applicants if 90 days has lapsed between the two applications.

Ratified the criminal history disclosure question as stated: "Have you been arrested, charged, or convicted of a felony."

Approved the revisions to the FAQ for Criminal History Record Checks.

Approved Stephanie Oasheim's application for surgical technician.

Approved the sending of a "golden certificate" to those nurses currently licensed in N.D. for 50 years.

Ratified the nominations of THE NCSBN I-TOEFL standard setting panel as follows:

- Loretta Heuer, PH.D., RN, FAAN
- Cheryl Lausch, MS, MA, RN
- Pat Thompson, MS, RN

Approved Dr. Kalanek to represent the NDBON on the Telepharmacy Executive Council (NDCC 43-12.1-08(k).

Ratified prescriptive authority for the following:

Erin Lee, APRN, FNP	CP: Stephen P. Christensen, M.D.
Heather Shimek, APRN, FNP	CP: Hans Bjellum, M.D.
Rachel Koch, APRN, FNP	CP: Rohini Becherl, M.D.
Carey Rivinius, APRN, FNP	CP: Kent Diehl, M.D.
Thomas Jurek, APRN, FNP	CP: Phillip McRill, M.D.
Jacquelyn Free, APRN, FNP	CP: Michael Boulter, M.D.
Barbara Mickelson, APRN, FNP	CP: Scott Rowe, M.D.
Tami Dobbs, APRN, FNP	CP: Joseph Luger, M.D.
Amy Knutson, APRN, FNP	CP: Kevin Muiderman, M.D.
Sally Eberle, APRN, FNP	CP: Joe Smothers, M.D.
Leah Swenson, APRN, FNP	CP: Barbara Sheets-Olson, M.D.
Rhonda Schmidt, APRN, FNP	CP: Patricia Anderson, M.D.
Andrea Bartholomay, APRN, NNP	CP: Stephen Nelson, M.D.
Michael Kropp, ARPN, FNP	CP: Hans Bjellum, M.D.
Sarah Baker, APRN, FNP	CP: Michelle Tincher, M.D.
Tosha Bayer, APRN, FNP	CP: Fadel Nammour, M.D.
Doe Gasque, APRN, FNP	CP: Philip McRill, M.D.
Roberta Solberg, APRN, FNP	CP: Hans Bjellum, M.D.
Jody Sharp, APRN, FNP	CP: Joshua Omotunde, M.D.
Andea Riendeau, APRN, FNP	CP: Colleen Swank, M.D.

Continue to recognize the PMH Adult CNS/NP examination for the purpose of APRN licensure as it meets the NCSBN's APRN certification criteria.

Allow Christine Peterson, APRN, FNP, a grace period of 60 days to obtain verification of continued certification.

NDBON BOARD MEETING HIGHLIGHTS cont'd
September and November 2008

Approved that there is nothing in the record of facts that points to any reason to impose employee discipline or negative references against Dr. Kalanek.

Approved the 2008-2009 committee appointments as follows:

- Executive Committee: Benson, Traynor, Christianson
- Prescriptive Authority Committee: Rustvang
- Program Monitoring Committee: Anderson, Christianson, Traynor
- Nursing Education Committee: Case, Traynor, Tello-Pool
- Finance Committee: Christianson, Benson, Frank
- Nursing Practice Committee: Benson, Sund, Christianson

Continued the fourth year of the NFI study per protocols without additional funding.

Directed staff to submit a grant proposal for the Nurse Faculty Intern Pilot Study, Phase II.

Ratified NDBON participation in the University of Delaware research project.

Adopted the revisions to the investigative plan to address potential violation reports against a current board member or current staff member.

Requested a formal opinion from the N.D. attorney general regarding the ability of the board to disseminate and share CHRC results of the applicant for licensure/registration.

Delayed action on all applications for CHRC vendors until an office process has been firmly established.

Set the expiration date for all temporary permits waiting for CHRC results for initial UAPS be increased to four months or 120 days from date of hire to be consistent with NDAC 54-07-02-02.1(3) Unlicensed Assistive Person Registry.

Adopted the proposed revision to the regulatory question #1 (NDCC 43-12.1-14 (1) on all applications.

Accepted Alice Hersey's request for full licensure status.

Ratified the approval of Janet Johnson, RN, to serve on the NCSBN NCLEX Examination Item Development Panel.

Ratified the approval of Margaret Birkholz and Jeanette Wald to serve on the NCSBN NCLEX 2009 LPN Practice Analysis Panel.

Ratified request by Christine Peterson, APRN, FNP, for an additional 30 days to obtain verification of renewal of certification from ANCC (December 22).

Approved Zachary Priddy's application for surgical technician.

Directed staff to dialogue with N.D.ONE regarding EMTs working in non-emergency settings.

Ratified prescriptive authority for the following:

Mary Ann Gold, APRN, ANP	CP: Bruce Olin, M.D.
Mary Sprague, APRN, FNP	CP: Napoleon Aspejo, M.D.
Jana Zwilling, APRN, FNP	CP: Paul Fleissner, M.D.
Heidi Bircher, APRN, FNP	CP: Samir Turk, M.D.
Lisa Watkins, APRN, APNP	CP: Elsa Remer, M.D.
Courtney Kondos, APRN, CNS	CP: Wayne Martinsen, M.D.

NDBON BOARD MEETING HIGHLIGHTS cont'd
September and November 2008

Recognized the NAPNAP position statement on age parameters for pediatric nurse practitioner practice.

Directed staff to include the necessary revisions to N.D.AC Chapter 54-02-10 RN and LPN Licensure Compact with the next rule revision.

Adopted the revised final Administrative Rules N.D.AC Chapter 54-05-03.1-10 (8) authority to prescribe.

Denied the recommendion that the Board develop a task force to review the current NPA exemption N.D.CC 43-12.1-04 (12) for clinical experience for students from programs not approved by the N.D. Board of Nursing and provide a recommendation to the Board.

Directed Board representatives to the Nurse Leadership Council forward the topic of the out of state student exemption (N.D.CC 43-12/1-04 (12) to the N.D. Nurse Leadership Council and report back to the board by December 3rd.

Approved Calvin Rolfson's request for appointment for NDBON legislative monitoring for the 2009 session.

Approved Cheryl Rising, RN, FNP, as an alternate to the PDMP if acceptable to the PDMP committee.

Approved the change in meeting dates from January 15-16, 2009, to January 22-23, 2009.

GET TO KNOW A NEW APPOINTED BOARD MEMBER

In an effort to familiarize North Dakota nurses with Board members, "Message from a Board Member" is pleased to introduce Melisa Frank, LPN. Ms. Frank is from Dickinson, N.D.


Melisa Frank

When were you appointed as a Board member? August 12, 2008

Why did you decide to become a Board member? To become more involved in nursing and I thought it would be a wonderful learning experience.

What is your nursing background? I am an LPN with an associate degree from Dickinson State University. I have worked as a charge nurse on an Alzheimer's unit and as a clinic nurse. I am currently working with the PACE Project.

What do you feel you can bring to the Board of Nursing? A new perspective and opinion especially being the youngest Board member, and I may be able to give a perspective from a new nurse just starting in the nursing field.

What is one of the greatest challenges of being a Board member? Trying to keep up and understand all of the issues that are the responsibility of the Board.

How would you describe your experience (so far) as a Board member? Overwhelming, interesting, and fun all at the same time.

What would you say to someone who was considering becoming a Board member? To go for it because it is a great experience.

ADVANCED PRACTICE NURSES & EXPEDITED THERAPY

The North Dakota Board of Nursing (NDBON) staff receives questions from advanced practice registered nurses (APRN) about whether they can prescribe for partners of patients with sexually transmitted diseases (STDs) who have not been seen by the APRN. The NDBON, ND Board of Medical Examiners, and ND Board of Pharmacy promulgated a joint rule making to address this issue. The Center for Disease Control (CDC) released a White Paper ion the topic in February 2006. For a full report, go to the CDC Website: http://www.cdc.gov/std/EPT/legal/default.htm. This rule became effective January 1, 2009.

EXPEDITED PARTNER THERAPY

Board of Nursing NDAC 54-05-03.1-10(8)
Board of Medical Examiners
Board of Pharmacy NDAC 61-04-04-01(21)

Not withstanding any other provision, a practitioner who diagnoses a sexually transmitted disease, such as Chlamydia, Gonorrhea, or any other sexually transmitted infection in an individual patient may prescribe, or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patients' sexual partner or partners, without there having been an examination of that's patient's sexual partner or partners.

Effective January 1, 2009

WELCOME NEW EMPLOYEE

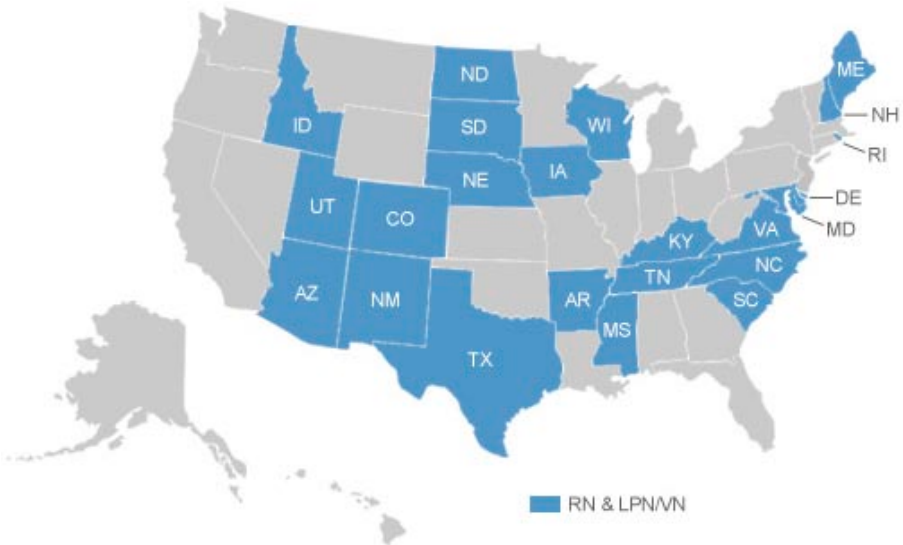
Kathy Zahn

The North Dakota Board of Nursing welcomes new staff member Kathy Zahn to a new position at the Board.

Kathy Zahn comes to the Board as Administrative Assistant III after working at Midco Data as the office manager. Kathy is responsible for the administrative work associated with discipline and criminal history record checks. She is also the administrative assistant for the executive director. Zahn has a certificate in Computer Accounting from Interstate Business College. Kathy has lived in the Bismarck area most of her life. Her husband Aaron is the service manager at Bismarck Tire Center. They have two children. When not working, she likes golfing, shopping, motorcycle riding and spending time with her family. Welcome Kathy.

PARTICIPATING STATES IN THE NLC

Nurse Licensure Compact (NLC) Implementation
The following tables and map indicate which states have enacted the RN and LPN/VN Nurse Licensure Compact (NLC).



Nurse Licensure Compact (NLC) States

COMPACT STATES	IMPLEMENTATION DATE
Arizona	7/1/2002
Arkansas	7/1/2000
Colorado	10/1/2007
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Kentucky	6/1/2007
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	7/1/2000
North Dakota	1/1/2004
Rhode Island	7/1/2008
South Carolina	2/1/2006
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

PENDING COMPACT STATES	STATUS
Currently no states are pending NLC implementation	

Further information on the NLC can by obtained by visiting the National Council State Boards of Nursing (NCSBN) Web site at: https://www.ncsbn.org/158.htm. NCSBN is a non-profit organization whose membership is comprised of the boards of nursing in the United States and its four territories—American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands.

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NORTH DAKOTA NURSING WORK FORCE NEEDS : 2008

Patricia Moulton, Ph.D.

Thank you for the opportunity to present information about the work force needs of nursing in North Dakota. Today, we are pleased to present the newest results of our supply and demand projections from the North Dakota Nursing Needs Study. The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

Currently, we have a small shortage of RNs. A recent search of job postings conducted by the N.D. Job Service indicated that there are 220 open RN positions, 82 LPNs and 62 listings expressing need for either LPN or RN (these numbers include flex and travel positions). Looking ahead in the near future, it is projected that the state will have an adequate supply of RNs as compared to demand (see Figure 1). These projections may be influenced by a number of factors such as maintaining similar RN graduation rates, financial status of health care facilities, variation in the strength of the economy and recruitment from border states. The projection model that we are using is utilized at the federal level. This model likely underestimates demand. It is important for you to note that the use of this model likely underestimates demand in states with large rural populations, and those states with large elderly populations such as North Dakota. Because of the variation associated with the model, we are presenting the demand estimate as a range from low to high demand[1]. In addition, as with all projection models, estimates become less precise in the later years of the projection.

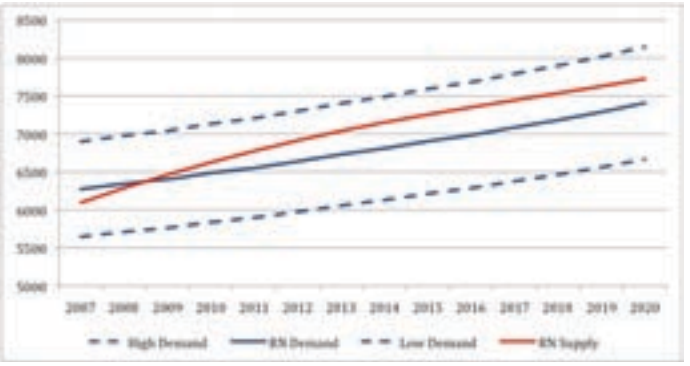
RN Supply

The number of licensed RNs per population has increased during the last several years and in 2006 was 14.35 RNs per 1,000 people, which is greater than the national average of 8.48 per 1,000. However, maldistribution of RN supply remains a concern, with 17 of 53 counties having less than the national average of RNs per 1,000 people (see Figure 2).

All RN nursing education programs increased their enrollment from 722 students in 2000 to 1,312 students in 2007. This has resulted in an increase in the number of RN graduates statewide (see Figure 3).

The North Dakota average age of RNs has decreased to 44 years. This is below the national average of 47 years[2]. Twenty-five percent of North Dakota RNs plan to retire by 2016.

Figure 1: North Dakota Registered Nurse FTE Supply and Demand Projections



The estimate of supply and demand utilized the USDHHS Health Resources and Services Administration National Center for Health Work force Analysis Nursing Supply and Demand software. For the full report including assumptions and limitations, see: http://ruralhealth.und.edu/projects/nursing/pdf/ctions_final_report0708.pdf.

Figure 2: North Dakota RNs per 1,000 Population

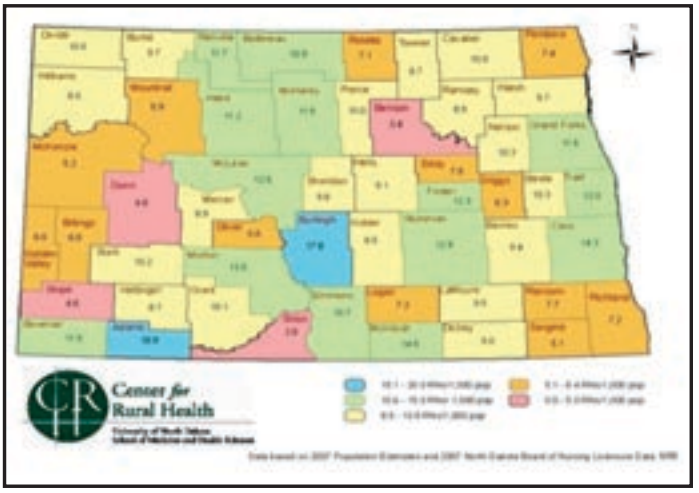
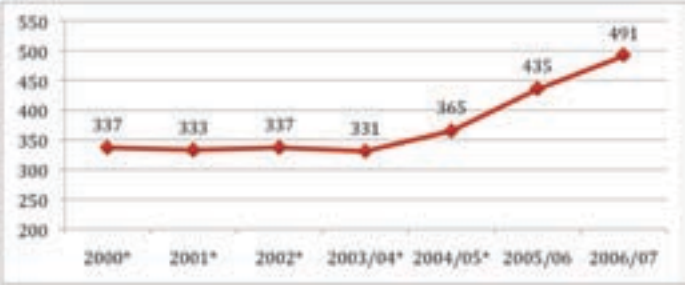


Figure 3: North Dakota Nursing Education Graduates: RNs



Source: North Dakota Board of Nursing Annual Education Reports 2000 through 2006/2007. Note. The 2000-2005 graduate numbers also include graduates from Concordia College as a part of the Tri-College Program.

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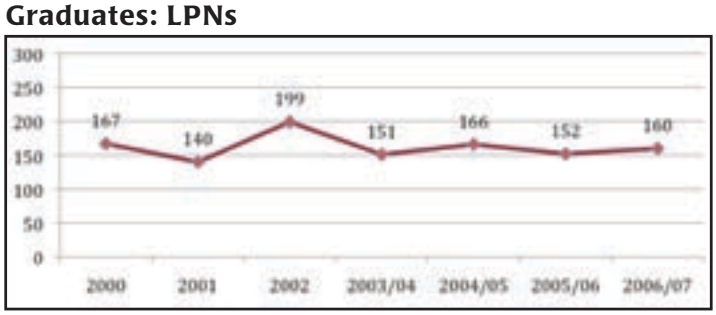
LPN Supply

The number of LPNs per 1,000 people has increased slightly over the last six years to 5.65 LPNs per 1,000 people and is consistently above the national average of 2.4 LPNs per 1,000.[3] However, distribution of LPNs varies widely across the state, with four counties having less LPNs than the national average (see Figure 4).

Figure 4: North Dakota LPNs per 1,000 Population

Enrollment in LPN programs have declined from 382 students in 2000 to 325 students in 2007. Consequently, the number of LPN graduates have decreased slightly from 2000 to 2007 (see Figure 5).

Figure 5: North Dakota Nursing Education Graduates: LPNs

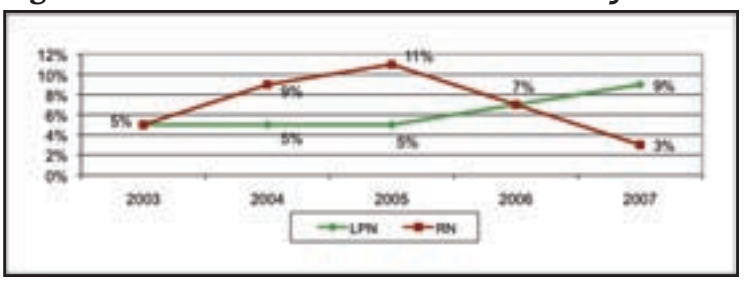


The average age of LPNs in North Dakota is 42 years. This is lower than the national average of 43 years[4]. Twenty-five percent of LPNs plan to retire by 2017.

LPN and RN Demand

According to economists, a full work force in most industries exists when vacancy rates are below five to six percent [5]. A shortage is considered to be present at a sustained vacancy rate above this level. North Dakota RN vacancy rates have decreased over the last three years to three percent in 2007 (see Figure 6). The North Dakota hospital RN

Figure 6: North Dakota Statewide Vacancy Rates

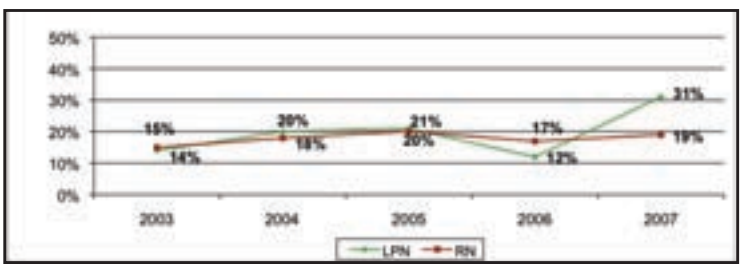


vacancy rate is three percent which is less than the national average of eight percent.[6] It is important to note that while RN vacancy rates have been decreasing, LPN vacancy rates have increased over the last three years.

The percentage of RNs working full-time (36-40 hours/week) has increased from 11 percent in 2004 to 43 percent in 2007. LPNs have had a similar increase from 11 percent in 2004 to 49 percent in 2007. The percentage of RNs with a second job has also declined from 33 percent in 2003 to 16 percent in 2007, with LPNs having the same pattern from 23 percent in 2003 to 14 percent in 2007. This indicates that more nurses are increasing their hours at one job and working at less facilities than in 2003.

Turnover rates reflect fluctuation in staffing in health care facilities. The statewide turnover rate for RNs was 19 percent. It is important to note that the statewide turnover rate for LPNs was 31 percent in 2007. This is higher than the statewide turnover rate in previous years (see Figure 7). The turnover rate for RNs and LPNs working in North Dakota hospitals was 20 percent and 25 percent, which is greater than the national average nurse turnover rate in hospitals, which is 8.4 percent [7]

Figure 7: North Dakota Statewide Turnover Rates

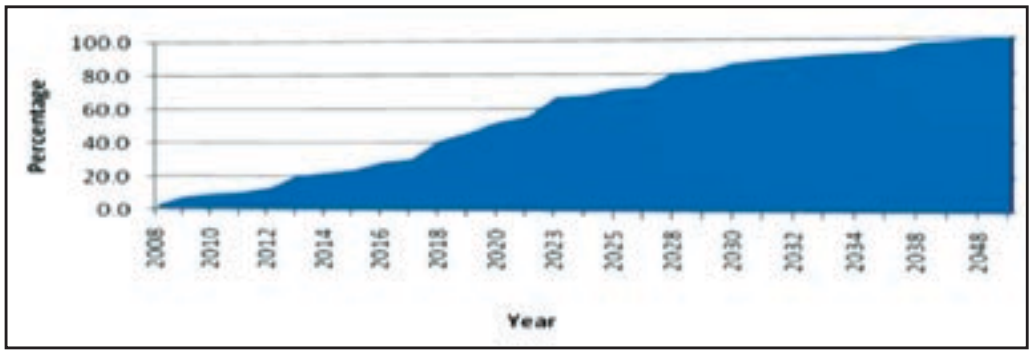


Nursing Education Program Faculty

The average age of nursing faculty has decreased over the past five years from 51 years to 49 years. Forty-one percent of faculty plan to retire by 2018 (see Figure 8).

Although nurse faculty salaries are generally equivalent or higher than regional and national averages (see Table 1), salaries are still below advanced practice nurses with aver-

Figure 8: Faculty Retirement Plans



age annual salaries between $68,000 and $97,842. When asked to estimate their workload, full-time faculty indicated an average of 53 hours each week, with part-time faculty averaging 36 hours per week.

In the past year, 52 percent of the faculty indicated they have been contacted by a recruiter with information about a faculty position at another program out of state. Faculty indicated that offers ($75,000 - $100,000) generally were significantly higher than the current salaries they were receiving. One faculty indicated that they were offered "$100,000 for a nine month full-time position with guarantee of no summer work required. It also came with the guarantee of no work on weekends and holidays. The hours were guaranteed at an average of eight a day and no evenings or nights required. I also would not have to obtain a terminal degree to maintain employment."

Table 1: Academic Year Average Salaries

		North Dakota	Midwestern Region	National
Instructor	**Doctoral**		$54,128	$52,000
	Nondoctoral	$43,397	$46,369	$48,681
Assistant Professor	**Doctoral**	$56,501	$60,000	$61,321
	Nondoctoral	$48,410	$49,161	$51,255
Associate Professor	**Doctoral**	$65,389	$66,927	$70,000
	Nondoctoral	$53,415	$54,799	$56,567
Professor	**Doctoral**	$61,034	$79,895	$84,875
	Nondoctoral		$67,395	$66,969

In summary, these findings indicate:

- ❖Continued support of North Dakota's nursing education programs in particular support for the recent expansion of class size will play an important role in ensuring an adequate supply of nurses in the future.
- ❖The distribution of an inadequate number of nurses across rural areas of the state remains a concern, and programs designed to provide educational opportunities to rural communities should be supported. Programs such as the newly funded $1.6 million Area Health Education Center program, a partnership between the School of Medicine and Health Sciences(UNDSMHS) and the College of Nursing at the University of North Dakota will provide an important avenue for addressing this concern. Continued funding for this program through the provision of a required state match is part of the UNDSMHS additional budget request for the Health Care work force Initiative.
- ❖There is some indication of a worsening LPN shortage. This should be closely monitored.
- ❖Increased turnover rates of nurses in health care facilities indicate a need to improve the work environment and maximize retention of nurses.
- ❖Nursing education programs are heavily recruiting North Dakota faculty. Consequently, additional incentives are needed to ensure enough faculty will remain in North Dakota to support our nursing education programs.
- ❖Given the number of factors that can impact supply and demand, it is important to collect data and track changes over time.

References

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2. Health Resources and Service Administration (2004). *The registered nurse population: Findings from the March 2004 National Sample Survey of Registered Nurses.* U.S. Department of Health and Human Services.
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NURSE NETWORK

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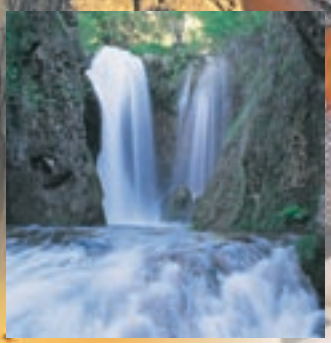

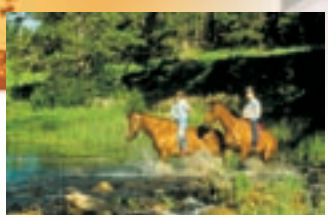

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